

INTERAGENCY AGREEMENT

Title V - Title XIX

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This agreement is made and entered into by and between the Indiana State Department of Public Welfare, having a mailing address of 100 North Senate Avenue, Indianapolis, Indiana 46204, hereinafter referred to as (SDPW), and the Indiana State Board of Health, having a mailing address of 1330 West Michigan Street, Indianapolis, Indiana 46206, hereinafter referred to as (SBH).

WHEREAS, the SDPW is the single state agency responsible for the administration of the Indiana Medicaid Program under the provisions of IC 12-1-7-16 and Title XIX of the Social Security Act; and

WHEREAS, the SBH is the agency responsible for the administration of funds from Title V of the Social Security Act for the purpose of assuring low income mothers and children access to quality maternal and child health services.

WHEREAS, provision is made in the Social Security Act, Title V, Section 505 as amended by the Omnibus Budget Reconciliation Act of 1981:

"the State agency (or agencies) administering the State's program under this Title will participate . . . in the arrangement and carrying out of coordination agreements described in Section 1902(a)(11) (relating to coordination of care and services available under this Title and Title XIX)."

WHEREAS, 42 CFR 431.615 requires that an interagency agreement be executed which will maximize cooperation between state agencies to carry out the objectives of the respective plans which they administer.

NOW, THEREFORE, the parties hereby agree to the following terms and conditions and the parties further agree to actively promote the cooperative relationship this agreement is intended to create. This agreement shall insure that the parties thereto, the SBH under Title V of the Social Security Act, and the state Medicaid agency under Title XIX, as administered by SDPW, have a functional relationship effectuated through an interagency agreement which:

- a) provides for maximum utilization of care and services available under both programs; and
- b) utilizes these programs to develop more effective use of Medicaid resources and health services to Medicaid eligible children provided by Title V funded health providers.

DUTIES OF SDPW

The SDPW will make all reasonable efforts to meet all the Medicaid covered medical needs of recipients covered under this agreement. However, the Medicaid Division of the State Department of Public Welfare reserves the right to determine the need for such services through the Prior Review and

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Authorization process. At the time of intake, each county department of public welfare will refer to the applicable Title V funded provider all applicants potentially eligible for the Title V Program administered by SBH.

Services provided by the Indiana Medicaid Program, as administered by SDPW, are currently as follows:

- 1) inpatient hospital services;
- 2) licensed nursing home services;
- 3) physician services;
- 4) outpatient hospital services;
- 5) clinic services;
- 6) rural health clinic services;
- 7) home health care services;
- 8) private duty nursing services;
- 9) physical therapy and related services;
- 10) dental services performed or prescribed by a licensed dentist;
- 11) prescribed laboratory and x-ray services;
- 12) prescribed drugs and supplies when dispensed by a licensed pharmacist or when dispensed by a legally authorized practitioner;
- 13) eyeglasses and prosthetic devices;
- 14) optometric services;
- 15) diagnostic, screening, preventative and rehabilitative services; (including EPSDT);
- 16) podiatry services;
- 17) family planning services, except the performance of abortions;
- 18) nurse midwife obstetric services;
- 19) inpatient psychiatric services for individuals under 21; and
- 20) any other medical or remedial care recognized under State law.

The SDPW, via the county departments of public welfare, will accept referrals of patients from Title V funded providers, process applications for patients who are referred, enroll applicants in the Medicaid payment system who are found to be eligible, and re-determine Medicaid eligibility.

Further, SDPW will make all reasonable efforts to certify all Title V funded clinics as Medicaid providers within the required state and federal certification criteria. The SDPW will provide SBH with any necessary information to further describe exactly which services will be reimbursed under the Medicaid

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Program and what reimbursement formula will be applied. The SDPW will provide to SBH copies of all bulletins, regulations, statutes and other information which is typically sent to clinic providers. The SDPW will expeditiously process all inquiries regarding eligibility for Medicaid services.

SDPW agrees to provide to SBH upon request:

- 1) copies of the State Medicaid Plan;
- 2) current State administrative rules;
- 3) a list of eligible providers.

Further, SDPW will make every effort to provide transportation to any Title V funded provider for Medicaid services provided to eligible Medicaid recipients.

It shall be the responsibility of the SDPW to inform the various county departments of public welfare of the establishment of this agreement and of the responsibilities of county department personnel as affected by this agreement. A staff member from SDPW shall be assigned to work in cooperation with a counterpart from the SBH to implement this agreement, handle questions arising from Title V funded providers, and work with the SBH counterpart in seeking ways and means to improve the working relationship between the parties to this agreement.

DUTIES OF SBH

The SBH agrees that the planning, promoting and coordinating of activities designed to protect and promote the health of mothers and children in Indiana who are eligible Title V recipients shall be done to the extent possible in the context of services offered by Title V funded providers.

Services provided by Title V funded providers include, but are not limited to the following:

- 1) prenatal care programs, including services to unmarried mothers;
- 2) intensive infant care services;
- 3) maternity services;
- 4) expectant parent education services;
- 5) family planning services;
- 6) child health services;
- 7) the study of maternal mortality;
- 8) genetic screening and counseling for sickle cell disease and inborn errors of metabolism.

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It shall be the responsibility of the SBH to inform all Title V funded providers concerned as to the establishment of this agreement. A staff member from SBH shall be assigned to work in cooperation with a counterpart from the SDPW to implement this agreement, handle questions arising from Title V funded providers, and work with SDPW counterpart in seeking ways and means to improve the working relationship between the parties to this agreement.

The SBH agrees to provide the SDPW, upon request, all information and documentation necessary to carry out the terms of this agreement.

MUTUAL DUTIES

The parties agree to work together to improve the availability and quality of health care provided for mothers and children eligible under both programs. The primary goal of this agreement is to improve the health status of mothers and children by ensuring the provision of preventive services, health assessment, and the necessary treatment and follow-through care. This shall be done in the context of an ongoing provider-patient relationship whenever possible, from providers of comprehensive continuing care.

Indiana law provides for Medicaid payment for services provided by Medicaid certified clinics to patients who are under age twenty-one (21). Those in treatment immediately preceeding their twenty-first (21st) birthday may continue in treatment until age twenty-two (22). Services mentioned above may be provided to individuals under age twenty-one (21) who have been found eligible for the Medicaid Program by the county department of public welfare under the provisions of IC 12-1-7-14.9(a).

Progress reports on services rendered, and tracking of the need for future services provided by Title V funded providers will be the responsibility of the Title V funded providers. Maintenance of a cooperatively developed care plan in each Medicaid client's chart shall be the responsibility of the applicable Title V funded provider. The tracking function as mentioned above shall be implemented as required by the individual plan of treatment. For those Medicaid recipients eligible for the Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT), who are receiving these services from a Title V funded provider, the Title V funded provider shall perform the tracking function by coordinating the services with the child's respective county welfare department caseworker.

Further, the parties agree that because Title XIX of the Social Security Act and related federal regulations place precise and strict requirements for payment for Medicaid services, and in order for the State of Indiana to claim its appropriate share of Federal Financial Participation (FFP) under the Medicaid plan, the determination of Medicaid eligibility shall be the sole responsibility of SDPW as administered through the county departments of public welfare.

The parties agree that staff development for the purpose of implementing this agreement and promoting a high quality of medical services to increasing numbers of Medicaid recipients will be the responsibility of both SDPW and SBH. Upon mutual agreement of the parties, joint SDPW and SBH training sessions shall be scheduled.

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It shall be the mutual duty of the SBH and SDPW to meet on a regular basis to develop medical protocols to be instituted by Title V funded providers when providing services to Medicaid recipients in the Title V funded provider clinic setting.

Recognizing that written materials alone are insufficient for an adequate understanding of the program of the other party, the parties to this agreement shall endeavor to promote mutual program understanding through interpretative interagency staff meetings as arranged between SBH and SDPW.

This agreement will be reviewed periodically after the date of signing on any occasion requested by either of the parties to the agreement. Further, this agreement may be amended at any time upon written agreement of both of the parties involved.

This agreement shall be effective upon execution this 19th day of June, 19 82, by the undersigned.

Donald L. Blinzinger
Donald L. Blinzinger, Administrator
State Department of Public Welfare
Date: 6-19-82

Ronald G. Blankenbaker
Ronald G. Blankenbaker, M.D.
State Health Commissioner
Indiana State Board of Health
Date: 5-12-82

T. S. Danielson, Jr.
T. S. Danielson, Jr., M.D., M.P.H.
Director
Division of Maternal and Child Health
Indiana State Board of Health
Date: 5-3-1982

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I. INTERAGENCY AGREEMENT

1. This agreement is made and entered into by and between the Office of Medicaid Policy and Planning, having a mailing address of 402 West Washington Street, W382, Indianapolis, Indiana 46204, hereinafter referred to as OMPP, and the Division of Mental Health, having a mailing address of 402 West Washington Street, W353, Indianapolis, Indiana 46024, hereinafter referred to as DMH, and the Division of Aging and Rehabilitative Services, having a mailing address of 402 West Washington Street, W451, Indianapolis, Indiana 46024, hereinafter referred to as DARS.
2. WHEREAS, OMPP is the single state agency responsible for the administration of the Indiana Medicaid Program under the provisions of IC 12-15-1-1 and Title XIX of the Social Security Act; and
3. WHEREAS, DMH operates certain state inpatient psychiatric institutions and certain state institutional intermediate care facilities for the mentally retarded (ICF's/MR); and
4. WHEREAS, DARS operates certain state institutional intermediate care facilities for the mentally retarded; and
5. WHEREAS, IC 12-15-5 provides for Medicaid payment for services to patients who have been found eligible for Medicaid under IC 12-15-5 for inpatient services provided by inpatient psychiatric institutions for patients under age twenty-one (21) [those in treatment immediately preceding their twenty-first (21st) birthday may continue in treatment until age twenty-two (22)], and for patients who are age sixty-five (65) or over; and for patients residing in Medicaid certified institutions for the intermediate care for the mentally retarded, and
6. WHEREAS, Title XIX of the Social Security Act and the related federal regulations place precise and strict requirements on the payment for psychiatric hospital inpatient care for eligible Medicaid recipients in order for the State of Indiana to claim its proper and appropriate share of Federal Financial Participation (FFP) under its Medicaid Plan; and
7. WHEREAS, 42 CFR 431.620 requires that an interagency agreement be executed which will maximize cooperation between the parties to this agreement to carry out the objectives of the respective programs which they administer;

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8. NOW, THEREFORE, the parties hereby agree to the following terms and conditions and the parties further agree to actively promote the cooperative relationships this agreement is intended to create. This agreement shall insure that the parties hereto have a functional relationship effectuated through an interagency agreement which:

- a) provides for maximum utilization of care and services available under the programs; and
- b) utilizes these programs to develop more effective use of Medicaid resources, and to develop joint planning to determine alternative methods of care.

II. DUTIES OF OMPP

1. OMPP shall reimburse each provider for which there is a current active Medicaid provider agreement in accordance with applicable state and federal reimbursement criteria.
2. With respect to referrals from DMH, OMPP assures that referrals of individuals with psychiatric impairments from providers or from DMH are processed, that applicants found to be eligible will be enrolled, and continued Medicaid eligibility determined.
3. With respect to referrals from DARS, OMPP assures that referrals of individuals with developmental delays are processed, that applicants found to be eligible will be enrolled, and continued Medicaid eligibility determined.
4. OMPP will cooperate with the staff of any provider and DMH or DARS in assisting Medicaid enrolled patients or the patients' families in obtaining community-based services and resources needed by the patient in order to facilitate his earliest possible release from inpatient psychiatric care or institutional ICF/MR care.
5. OMPP agrees to provide to DMH and DARS the following upon request:
 - 1) access to the Medicaid State Plan;
 - 2) a list of enrolled providers and suppliers of care and services, when necessary for interagency coordination in administration of the program.

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6. It shall be the responsibility of OMPP to communicate with County Offices of the Division of Family and Children (aka County Departments of Public Welfare) regarding this agreement.

III. DUTIES OF DMH

1. It shall be the duty of DMH to refer for authorization for Medicaid reimbursement of services only those persons:
 - a) who require inpatient psychiatric hospital services on a continuous twenty-four (24) hour a day basis by a provider who meets Medicaid certification requirements as a psychiatric facility to provide inpatient psychiatric services for Medicaid recipients under age twenty-one (21); or
 - b) who require inpatient psychiatric hospital services on a continuous twenty-four (24) hour a day basis by a provider who meets Medicaid certification requirements as a psychiatric facility to provide inpatient psychiatric services for Medicaid recipients over age sixty-five (65); or
 - c) who require services provided by a Medicaid-certified ICF/MR.

If the recipients described in a) through c) above have been admitted to a provider facility, they must have been admitted in accordance with the laws of Indiana which control voluntary and involuntary admission to such facilities.

2. DMH agrees to maintain such records as are necessary to carry out Medicaid-related functions and responsibilities with regard to Medicaid provider certification and rate setting, Medicaid recipient eligibility, and services provided to eligible Medicaid recipients for which payment is claimed.
3. DMH further agrees to furnish any such records as mentioned above at any and all reasonable times to OMPP, the Medicaid Fiscal Agent, the State Department of Health in its role as State Survey Agency, and any other OMPP designees.
4. DMH agrees to abide by and to require the state-operated intermediate care facilities for the mentally retarded it operates to abide by all applicable state and federal statutes and regulations, state administrative directives, policies, and procedures of the Medicaid Program, including but not

limited to requirements for admission, on-going treatment, tracking medical care for patients under twenty-one (21) years of age, plan of discharge, utilization review committee functions, and independent medical review.

5. DMH agrees to maintain procedures for the immediate readmission to an inpatient facility, when necessary, of Medicaid patients who have been discharged, are on leave, or are otherwise not receiving inpatient psychiatric services or institutional ICF/MR services; provided, however, that it is understood that this agreement in no way obligates or authorizes DMH or any provider to readmit any person involuntarily, except in accordance with IC 12-26-4; IC 12-26-5; IC 12-26-6; or IC 12-26-7.

IV. DUTIES OF DARS

1. It shall be the duty of DARS to refer for authorization for Medicaid reimbursement of services only those persons:

- a) who require services provided by a Medicaid-certified ICF/MR.

If the recipients described in a) above have been admitted to a provider facility, they must have been admitted to a provider facility in accordance with the laws of Indiana which control voluntary and involuntary admission to such facilities.

2. DARS agrees to maintain such records as are necessary to carry out Medicaid-related functions and responsibilities with regard to Medicaid provider certification and rate setting, Medicaid recipient eligibility, and services provided to eligible Medicaid recipients for which payment is claimed.
3. DARS further agrees to furnish any such records as mentioned above at any and all reasonable times to OMPP, the Medicaid Fiscal Agent, the State Department of Health in its role as State Survey Agency, and any other OMPP designees.
4. DARS agrees to abide by and to require the state-operated intermediate care facilities for the mentally retarded it operates to abide by all applicable state and federal statutes and regulations, state administrative directives, policies, and procedures of the Medicaid Program, including but not limited to requirements for admission, on-going treatment, tracking medical care for patients under twenty-one (21) years of age, plan of discharge, utilization review committee functions, and independent medical review.

5. DARS agrees to maintain procedures for the immediate readmission, when necessary, to an intermediate care facility for the mentally retarded of Medicaid patients who have been discharged, are on leave, or are otherwise not receiving ICF/MR services; provided, however, that it is understood that this agreement in no way obligates or authorizes DARS or any provider to readmit any person involuntarily, except in accordance with IC 12-26-4; IC 12-26-5; IC 12-26-6; or IC 12-26-7.
6. It shall be the duty of DARS to provide an initial diagnosis and evaluation for each developmentally disabled Medicaid recipient who could be appropriately placed in an ICF/MR. DARS shall communicate the results of the diagnosis and evaluation to OMPP as expeditiously as possible in order to facilitate prompt, proper placement in an ICF/MR. DARS shall also make available upon request any records pertaining to the initial diagnosis and evaluation of any Medicaid recipient to OMPP or its designee.

V. MUTUAL DUTIES AND OBJECTIVES

1. For Medicaid recipients in psychiatric hospitals who are under age twenty-one (21) the requirements of 42 CFR 456.480-482 must be met. For Medicaid recipients in mental hospitals who are over age sixty-five (65), the requirements of 42 CFR 456.160 and 42 CFR 456.180 must be met, and for Medicaid recipients in ICF's/MR, the requirements of 42 CFR Part 483, and 42 CFR 456.360-381 must be met.
2. The parties agree that an effort should be made to place patients returning to community living in their natural homes or in individualized integrated settings.
3. Each Medicaid enrolled patient must receive active, ongoing treatment as evidenced by an established written and regularly updated individual plan of care. The plan of care must include information regarding the potential for patient discharge from an inpatient treatment.
4. For Medicaid recipients in psychiatric hospitals who are under age twenty-one (21), the individual plan of care shall set forth treatment objectives and describe an integrated program of appropriate therapies, activities, and experiences designed to meet those objectives. The plan shall be formulated in consultation with the recipient and parents, legal guardians, or others to whose care or custody the recipient may be released following discharge. The plan shall be based upon